

Welcome to Combined Electronic Tax Registration

Please select any one from the following:

- New Streamlined Sales Tax Registration
- New Traditional Registration
- Change/Update Streamlined Sales Tax Registration
- Change/Update Traditional Registration

Welcome to Traditional Registration

Identify Business

* Required Information		
Please provide the follow	wing:	
© FEIN OR □ SSN	*	
* Legal Name		
The following states have a available. Please select which time.		<u> </u>
		_

□ Alabama	☐ Idaho	\square Kentucky	☐ South Carolina	\square Washington
☐ Arizona	☐ Illinois	☐ Michigan	☐ South Dakota	☐ Wisconsin
☐ Arkansas	□ Iowa	☐ Minnesota	☐ Texas	☐ Wyoming
□ Florida	☐ Kansas	☐ Missouri	□ Utah	

Welcome to Traditional Registration

Business Tax Information

State

* Required Information Business Name (if different than legal) Legal Name What type of legal organization are you? * Legal Organization Select legal Organization from the list **Primary Address** ☐ Check if foreign address 444 N. Capitol street * Address Apt or Suite * City Washington * State DC * Zip 20001 202-624-8587 Fax * Phone * Email ssts@sstp.org Mailing Address (If different from primary address) ☐ Check if foreign address Address 206 Stream Street Apt or Suite Baltimore City

Enter NAICS Code that best describes your primary source of business

Select State

* NAICS Code xxxxxx Look up your NAICS code on U.S. Census Bureau's website

Zip

Back

Continue

21017

Contact Person Information

* Required Information

This is the person we will contact with questions regarding your registration, filings, and payments

* Contact Name					
Contact Address	Information	□ CI	neck if fo	oreign address	;
* Address					
Apt or Suite					
* City					
* State	Select State	· 🖚	* Zip		
* Phone					
Fax					
* Email					
	,				
		Back	«	Continue	

Owner, Officer, or Personal Representative Information

* Required Information

Please enter your owner, officer, or personal representative information

* Name					
* SSN					
* Title	Select Title	•			
Officer Address	Information		heck if fore	ign address	
* Address					
Apt or Suite					
* City					
* State	Select State	•	* Zip		
* Phone					
Fax					
* Email					

☐ Additional Officers

Back

Sales and Use Tax Information

* Required Information

		What is your estimated monthly taxable sales and/or purchases?	Sales tax begin date		
Alabama		*	*		
Arizona		*	*		
Arkansas		*	*		
Florida		*	*		
Do you make	taxable sales f	rom more than one physical lo	ecation?		
C Yes	© No				
If yes, Select	States where y	ou have physical locations diff	ferent than your primary addr	ess provided	
☐ Alabama					
☐ Arizona					
☐ Arkansas					
☐ Florida					
Are you open	all year long?				
C Yes	☐ No				
Select the mo	Select the months you are active for sales and use tax:				
☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December					

Business Tax Information

ALABAMA

* Required Information

Please provide the following information to complete your registration for sales tax for the state listed above:

Web Address

Enter NAICS Code that best describes your primary source of business

* NAICS Code xxxxxx

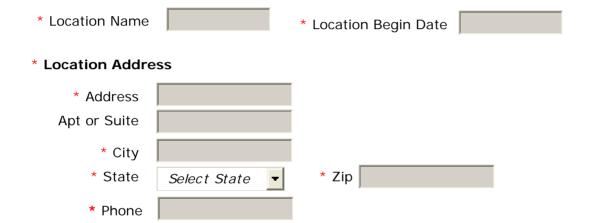
Look up your NAICS code on U.S. Census Bureau's website

Back

Sales Tax Location Information

ALABAMA

- * Required Information
- * Provide all business locations (required if different from primary address)



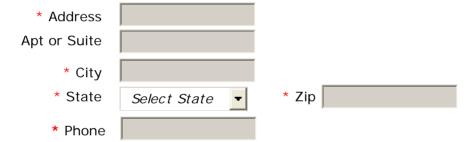
□ Additional Locations to Register

Sales Tax Location Information

ARIZONA

- * Required Information
- * Provide all business locations (required if different from primary address)

* Location Address



□ Additional Locations to Register

Business Tax Information

ARKANSAS				
* Required Information				
Do you sell any one of the	following:			
☐ Alcoholic Beverages				
☐ Tobacco Products				
* Did you purchase the fix	ctures and equipment	of an existing	business	
☐ Yes ☐ No				
* Business Name				
Sales Tax Permit Number				
Did you purchase an esta	blished business?			
🖸 Yes 🚨 No				
* Business Name	* Owner Name		Sales Tax Permit Number	

Back

Sales Tax Location Information

ARKANSAS

* Required Information					
* Provide all busi	ness locations (required if differe	ent from prim	nary address)	
* Location Name	*	Location Begin Date	e	* County Name (Requir in Arkan	
* Location Addre	ess				
* Address					
Apt or Suite					
* City					
* State	Select State	* Zip			
* Phone					
* Describe your p	orimary activity o	f business or pro	duct sold at t	his location:	
Please type text he	ere				

□ Additional Locations to Register

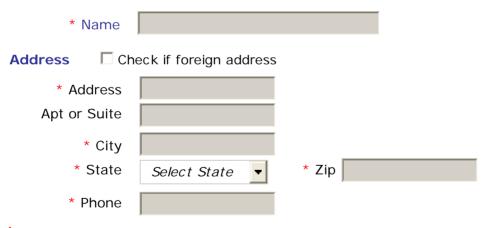
Back

Traditional Registration Business Tax Information

FLORIDA

* Require	Information	
* Is your	orimary business location rented?	
C Yes	☑ No	
Do you op	erate from home?	
Yes	□ No	

Please enter the following information regarding your landlord.



* What product or services do you purchase for resale?

Please type text here

Back

Business Tax Information

FLORIDA

*	Requ	ired	Infor	mation
---	------	------	-------	--------

*	Does your business activity include any of the following? Select al that apply:
	Sales of property or good at retail (to consumers)
	Sales of property or good at wholesale (to registered dealers)
	Sales to second hand goods
	Rental of commercial real property to individuals or businesses
	Rental of transient living or sleeping accomodations (for six months or less) Management of transient living or sleeping accomodations (for six months or less) Rental of equipment or other property or goods to individuals or businesses
	Renting/Leasing motor vehicles to others
	Repair or alteration of tangible personal property Charging admission or membership fees
	Placing and operating coin-operated amusment machines at business locations belonging to others Placing and operating vending machines at business locations belonging to others
	Purchasing items to be included in a finished product assembled or manufactured for sale
	Providing any of the following services
	Pest control for nonresidential buildings Cleaning services for nonresidential buildings
	Dectective services
	Protection services Security alarm system monitoring
	Purchasing items that were not taxed by the seller at time of purchase
	Using dyed diesel fuel for off-road purposes

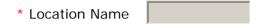
Continue

Back

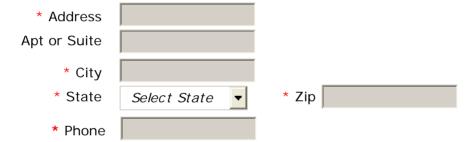
Sales Tax Location Information

FLORIDA

- * Required Information
- * Provide all business locations (required if different from primary address)



* Location Address



☐ Additional Locations to Register

Sales Tax Location Information

IDAHO

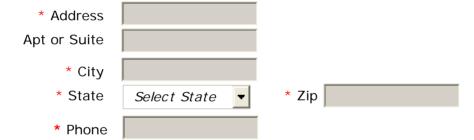
- * Required Information
- * Provide all business locations (required if different from primary address)
- * Location Name
- * Location Address



☐ Additional Locations to Register

Sales Tax Location Information ILLINOIS

- * Required Information
- * Provide all business locations (required if different from primary address)
- * Location Name
- * Location Address



□ Additional Locations to Register

Back

Business Tax Information

IOWA

* Required Information

Please provide the following information for your business main location:

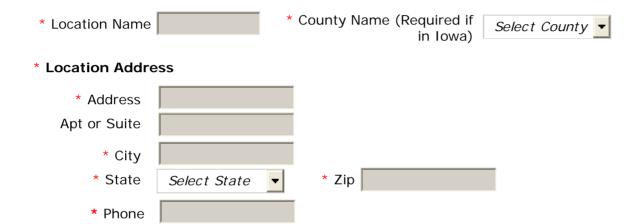
* County Name | Select county | -

Back

Sales Tax Location Information

IOWA

- * Required Information
- * Provide all business locations (required if different from primary address)



☐ Additional Locations to Register

Business Tax Information

KANSAS

* Required Informa	ition
Please provide the	following information for your business main location:
* County Name	Select county -
* What is your acco	
* Is your business I	located inside city limits?
🖸 Yes 💢 No	
* Check all that app	oly:
	rchandise, equipment, fixtures, and other items outside the state for your own use (not you are not charged a sales tax?
Will sales be made from	om various temporary locations?
\Box Does your business s	ship or deliver merchandise to customers?
Are you performing labuildings or facilities?	abor services in connection with the construction, reconstruction, or repair of commercial?
Do you sell natural ga agricultural customer	as, electricity, water, or heat (propane gas, LP gas, coal, wood) to residential or res?
	Back Continue

Sales Tax Location Information

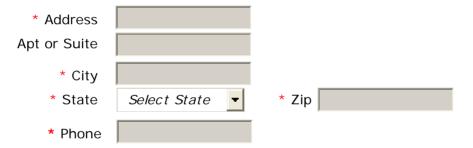
KANSAS

* Required Information	*	Requ	ired	Info	rmatio	n
------------------------	---	------	------	------	--------	---

* Provide all business locations	(required if different fr	rom primary address
----------------------------------	----------------------------	---------------------

* Location Name	* County Name (Required if	Select county	
	in Kansas)		

* Location Address



* Describe your primary activity of business or product sold at this location:

Please type text here

* Is your business located inside city limits?

C Yes C No

□ Additional Locations to Register

Back

Business Tax Information KENTUCKY

* Required Information

Previous Taxpayer ID:	
Trevious ruxpuyer rb.	

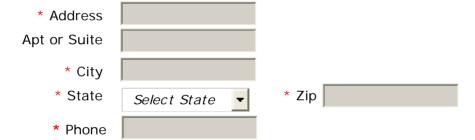
Back

Sales Tax Location Information

KENTUCKY

- * Required Information
- * Provide all business locations (required if different from primary address)

* Location Address



☐ Additional Locations to Register

Sales Tax Location Information

MICHIGAN

- * Required Information
- * Provide all business locations (required if different from primary address)

* Location Name	
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* Location Address



☐ Additional Locations to Register

Business Tax Information

MINNESOTA

* Required	Informa	ition		
-				
_		located on an India	n resei	rvation?
C Yes	No No			
If yes, nam	ie of Indi	ian Reservation?		
* Indian Res	servation	Select reservation	-	
Please indi	cate whi	ch jurisdictions you	need	to report
Cook cour	nty sales a	and use		
Hermanto	wn sales a	and use		
Mankato	sales	and use		
Minneapol	is sales ar	nd use		
□ Do	wntown lic	quor		
□ Loc	dging			
☐ Do	wntown re	estaurant		
☐ En	tertainmer	nt		
New Ulms	sales and	use		
Proctor sa	iles and u	se		
Rochester	sales and	d use		
□ R	ochester l	odging		
St. Cloud	food and	liquor		
St. Cloud	area tax			
St. Paul s	ales and u	ıse		
St. Paul lo	odging > 5	0 rooms		
St. Paul k	odging < 5	0 rooms		
Two Harb	ors sales a	and use		

Back

Sales Tax Location Information

MINNESOTA

* Required Information

* NAICS Code 123456

* Provide all business locations (required if different from primary address)

* Location Name				
* Location Addres	ss			
* Address				
Apt or Suite				
* City		[
* State	Select State	* Zip		
* Phone				
Is your business I	ocated on an Ind	an reserv	vation?	
If yes, name of In	dian Reservation	?		
Indian Reservation	Select reservati	on 🔽		
Enter NAICS Code	that best describ	es your p	orimary source of b	usiness

More Sales Tax Location question Next Page

Back Continue

Look up your NAICS code on U.S. Census Bureau's website

Sales Tax Location Information

MINNESOTA

* Required Information

Please indicate which jurisdic	ctions you ne	ed to report sa	les and use tax:
Cook county sales and use			
☐ Hermantown sales and use			
☐ Mankato sales and use			
☐ Minneapolis sales and use			
☐ Downtown liquor☐ Lodging☐			
Downtown restaurant			
☐ Entertainment			
New Ulm sales and use			
Proctor sales and use			
Rochester sales and use Rochester lodging			
\square St. Cloud food and liquor			
St. Cloud area tax			
☐ St. Paul sales and use			
\square St. Paul lodging > 50 rooms			
☐ St. Paul lodging < 50 rooms			
☐ Two Harbors sales and use			
Additional Locations to Regis	ter		
	Back	Continue	

Business Tax Information

MISSOURI

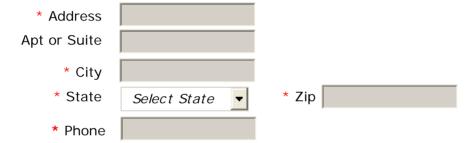
* Required Information
* Are you located inside city limits? Yes No
Is this business a Missouri Corporation?
☑Yes ☑No
* If yes Missouri Charter Number
If No, Certificate Authority Number
Previous Tax ID for Missouri
* Do you sell the following? Check all that apply: ☐ Anv type of alcoholic beverages ☐ Post-secondary educational textbooks ☐ Domestic utilities ☐ Aviation jet fuel ☐ Cigarettes or tobacco product
* Do you sell food items that exempt from state sales tax? Yes No
* Do you lease motor vehicles to Missouri customers that were purchased exempt? Yes No
* Are you liable for consumers use tax?
☑Yes ☑No
* Please provide NAICS code description
Please type text here

Back

Sales Tax Location Information

MISSOURI

- * Required Information
- * Provide all business locations (required if different from primary address)
- * Location Name
- * Location Address



More Sales Tax Location question Next Page

Back

Sales Tax Location Information

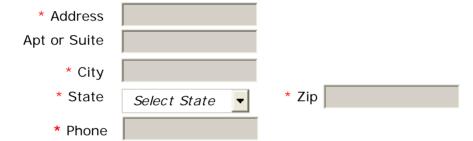
MISSOURI

* Required Information
* Are you located inside city limits? Yes No
* Do you sell the following? Check all that apply:
\square Any type of alcoholic beverages
☐ Post-secondary educational textbooks
□ Domestic utilities
☐ Aviation jet fuel
☐ Cigarettes or tobacco product
* Do you sell food items that exempt from state sales tax? ☐ Yes ☐ No * Do you lease motor vehicles to Missouri customers that were purchased exempt? ☐ Yes ☐ No * Are you liable for consumers use tax? ☐ Yes ☐ No
☐ Additional Locations to Register
Back Continue

Sales Tax Location Information

NORTH CAROLINA

- * Required Information
- * Provide all business locations (required if different from primary address)
- * Location Name
- * Location Address



□ Additional Locations to Register

Back

Business Tax Information

NORTH DAKOTA

* Required Information

North Dakota law requires foreign corporations, Limited Liability Companies, Limited Partnerships, and Limited Liability Partnerships to register and obtain a Certificate of Authority from the Secretary of State before our office can issue a sales tax permit.

Provide the ID number issued by the Secretary of State found on the Certificate of Authority.

Back

Sales Tax Location Information

NORTH DAKOTA

- * Required Information
- * Provide all business locations (required if different from primary address)
- * Location Name
- * Location Address



□ Additional Locations to Register

Back

Business Tax Information

SOUTH CAROLINA

* Required Information
* Do you sell any of the following? Check all that apply:
Aviation gas Cellular Services
Food
Motor Oil
Tires
Appliances
Batteries
* Are you a seller In-state out of state Both In-State and Out of State
* Consolidated return, do you file for multiple entities?
☐ Yes ☐ No

Back

Owner/Officer Information

SOUTH CAROLINA

* Required Information

Please select from the list the owner and provide additional information about the owner as required by the state

Name	SSN	E-mail
John Doe	XXX-XX-XXXX	Add More Information
Jane Doe	XXX-XX-XXXX	Add More Information

Name John Doe SSN XXX-XX-XXXX

- * Percent of Ownership %
- * Is this officer a South Carolina resident?
- * Number of Years, Months Years Months

Does your business have owners that are another business entity?

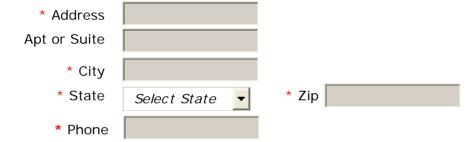
Tyes No

If Yes, Provide Federal Identification Number (FEIN) for the business owner

Back

Sales Tax Location Information SOUTH CAROLINA

- * Required Information
- * Provide all business locations (required if different from primary address)
 - * Location Name
- * Location Address



□ Additional Locations to Register

Back

Business Tax Information

SOUTH DAKOTA

- * Required Information
- * What county is your business located in?

Select County 🔻

Accounting method

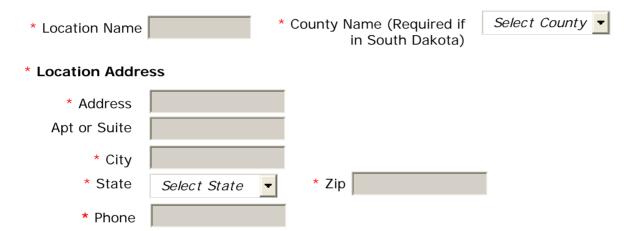
Cash

Accural

Back

Sales Tax Location Information SOUTH DAKOTA

- * Required Information
- * Provide all business locations (required if different from primary address)



□ Additional Locations to Register

Back

Business Tax Information

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		×		•
	_	$\boldsymbol{\Lambda}$	$\overline{}$	ι

TEXAS
* Required Information
State specific ID
* Are you a seller with no established place of business selling at a temporary location (trad show, event, or door-to-door)?
☑ Yes ☑ No
* Will you have out-of-state suppliers shipping taxable items directly to customers' locations Texas?
☑ Yes No
List any other distribution points, warehouses, of offices in Texas, that were not set up as business locations
* Do you make retail sales of taxable items on an installment purchase plan or deferred payment plan where interest is charged on the entire balance, including the sales tax?
☐ Yes ☐ No
* Do you do your own financing on some accounts on which interest is charged?
☑ Yes ☑ No
* Will you include installment payments that were received during a reporting period in tota sales on your sales tax return for that period (that is, you keep your records on a cash basis of accounting?
☐ Yes ☐ No
Back Continue

Business Tax Information

TEXAS

* Required Information

*Did You purchase an existing business

C. Vas		Nο
L Yes	6-4	INO

If you purchased an existing business, please enter the following information for the previous owner:

Taxpayer Number		Trade Name		
* Legal Name				
* Address				
Apt or Suite				
City		State Select State	Zip	
Phone Number				
Purchase Date		Purchase Price		
What did you purch	ase?			
☐ Inventory	☐ Real estate	☐ Corporate stock	☐ Equipment	
☐ Other (Explain)				
	Back	Continue		

Owner/Officer Information

TEXAS

* Required Information

Please select from the list the owner and provide additional information about the owner as required by the state

Name	SSN	E-mail
John Doe	XXX-XX-XXXX	Add More Information
Jane Doe	XXX-XX-XXXX	Add More Information

Name John Doe	SSN	XXX-XX-XXXX	
Provide FEIN if an owner owns a	nother con	mpany	
* Officers Driver I	License Nu	ımber	

Back Continue

Sales Tax Location Information

TEXAS

IEAA3
* Required Information
* Provide all business locations (required if different from primary address)
* Location Name
* Location Address
* Address
Apt or Suite
* City
* State Select State * Zip
* Phone
*NAIC code of this location
* Will you deliver in your own vehicles, provide taxable services, and or have sales/service representatives going from this location to customers located in another city, county, or local taxing jurisdiction?
☑ Yes ☑ No
* Will you ship from this location to customers via common carrier?
C Yes C No

Continue

Back

Sales Tax Location Information

TEXAS

*	Rea	uired	Infor	mation
---	-----	-------	-------	--------

* Does this location operate all year?
☐ Yes ☐ No
If No
☐ Is this a one time sale?
☐ Will business be conjudcted at this location each year

 \square Additional Locations to Register

Back

Business Tax Information

UTAH

* Required Information
*Do you want to voluntarily file your sales tax on a monthly basis?
*Will you sell good or services in Utah from the following:
Cone fixed location
More than one fixed location
Non-fixed location
*Will you sell good or services (other than prepared food) from non-fixed place of business in Utah, such as door-to-door or through vending machines or multi-level marketing?
C Yes C No
* Is your business located in Utah and do you ship goods from a location outside Utah to a Uta customer?
□ Yes □ No
* Are you a vendor who has no physical or representational presence in Utah who is selling good or services shipped by U.S. Mail or common carrier, directly to Utah customers?
☐ Yes ☐ No
* Are you a utility providing telephone service, electricity or gas?
☐ Yes ☐ No
Back Continue

Business Tax Information

UTAH

Required Information
Are you a real property contractor bring material directly to a Utah job site and / or having material shipped direct to Utah job site from a location outside Utah?
☐ Yes ☐ No
* Will you purchase goods or services tax-free from vendors located outside Utah for storage use or consumption by you or your business in Utah and need to report use tax of more than \$400 annually?
☐ Yes ☐ No
*Please describe, in detail, the purpose or nature of your business.
Free Text
* Local government issuing business license (only applicable id located in the sate).
Are you a restaurant?
□ Yes □ No
If you are a restaurant, what type are you?
☐ Fast food ☐ Family restaurant ☐ Theme with liquor ☐ White table cloth with liquor
* Will you have sales of prepared food or beverages?
☑ Yes ☑ No
* County Name Select County
Rack Continuo

Business Tax Information

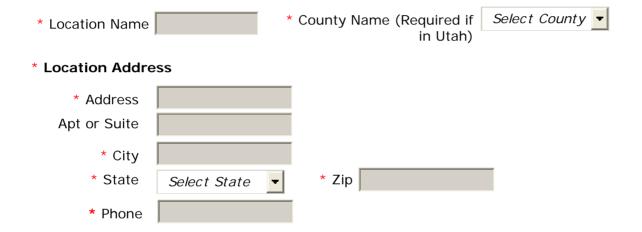
UTAH

* Required	d Information
new tires	have retail sales of new tires? This includes new tires sold as part of a vehicle sale, purchased on or for vehicles that are rented, or new tires purchased from those not the Waste Tire Recycling Fee? No
* Do you բ	ourchase natural gas or electricity from someone other than you local public utility?
Yes	□ No
* Are you	selling motel, hotel, trail court, campground or other lodging accommodations?
C Yes	□ No
* Will you r	rent motor vehicles (registered for 12,000 or less) to customers for less than 31 days?
C Yes	☑ No
Previous or	existing sales accounts
	Back Continue

Sales Tax Location Information

UTAH

- * Required Information
- * Provide all business locations (required if different from primary address)



* Local government issuing business license

□ Additional Locations to Register

Back

Business Tax Information

Washington

* Required Information

*Please describe, in detail, the purpose or nature of your business.

Free Text

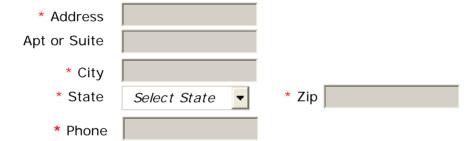
Taxpayer ID

Back

Sales Tax Location Information

WASHINGTON

- * Required Information
- * Provide all business locations (required if different from primary address)
- * Location Name
- * Location Address



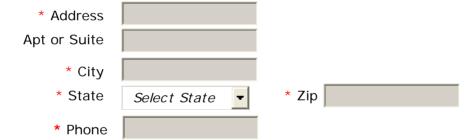
□ Additional Locations to Register

Back

Sales Tax Location Information

WISCONSIN

- * Required Information
- * Provide all business locations (required if different from primary address)
- * Location Name
- * Location Address



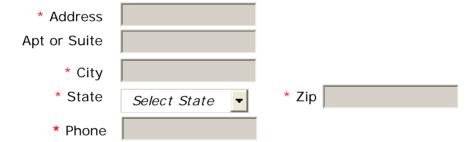
□ Additional Locations to Register

Back

Sales Tax Location Information

WYOMING

- * Required Information
- * Provide all business locations (required if different from primary address)
- * Location Name
- * Location Address



□ Additional Locations to Register

Back

Thank You

Please press continue to end the registration process